



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

## INFORMATIONAL LETTER NO. 818

July 1, 2009

**TO:** All Rebase and Out-of-State Iowa Medicaid Hospitals (Excluding Critical Access Hospitals)

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise

**RE:** Translation and Interpretation Services

Effective July 1, 2009 Iowa Medicaid will open two procedure codes for Translation and Interpretation Services. The codes include:

- T1013 sign language or oral interpretive services
  - 15 minute unit
  - Fee schedule maximum of \$15.00 per unit
- W5023 Telephonic oral interpretive services
  - One minute unit
  - Fee schedule maximum of \$1.70 per unit

The above providers may receive payment for these services in addition to payment received via APC or DRG methodologies. In order for translation/interpretation services to be covered by Iowa Medicaid, the services must meet the following criteria:

- Provided by interpreters who provide **only** interpretive services.
- Interpreters may be employed or contracted by the billing provider.
- The interpretive services must facilitate access to Medicaid covered services. Providers may only bill for these services if offered in conjunction with an otherwise Medicaid covered service. Medical staff that are bilingual are not reimbursed for the interpretation but only for their medical services.
- Reimbursable time may include the interpreter's travel and wait time.

### **Documentation of the service:**

The billing provider must document in the patient's record the interpreter's name, company, date and time of the interpretation, service duration (time in & time out), and the cost of providing the service.

### **Qualifications:**

It is the responsibility of the billing provider to determine the interpreter's competency. Sign language interpreters should be licensed pursuant to Iowa Administrative Code 645 Chapter 361. Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care ([www.ncihc.org](http://www.ncihc.org))

## **Billing of Interpretive Services**

- If Medicaid is primary or secondary to TPL, then the interpretive services code must be on the same claim form as a payable Medicaid service. If there is not a payable covered service, then the entire claim will deny, including the interpretive codes. The provider should then correct the claim, if applicable, and resubmit codes for all services provided.
- If Medicare is prime and has paid a service but denied the interpretive service, then the provider will follow the established protocol for billing a non-Medicare covered service. The UB04 claim form will be submitted for the interpretive code only and will be accompanied by the EOMB that shows the paid Medicare service and denied interpretive service code.
- The code must appear on a separate line on the claim form with billable units, if applicable.

### **SPECIAL NOTICE:**

For interpretive services provided to an **inpatient**, the claim must be submitted separately and apart from the other hospital services. This claim must be submitted as an OUTPATIENT claim. The inpatient claims will pay normally and the OUTPATIENT submission for the interpretive services will pay separately from the DRG payment. Hospitals affected by this should be advised that this change will include considerable re-programming on the part of the Iowa Medicaid Enterprise. Therefore, some claims for interpretative services may suffer delays in payment. Hospitals may elect to hold claims for dates of service on and after July 1, 2009 and submit them after August 1.

For OUTPATIENT services paid under the APC system, simply submit the claim for services and include the lines necessary for the interpretive services. Please note that if the claim denies for any reason, the entire claim will deny, including the line(s) for interpretive services.

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)